

Texas “Abstract” or “short form” Birth Certificates from Texas

(About ½ the size of an 8-1/2 x 11 birth certificate) is NOT acceptable for the purposes of obtaining a U.S. Passport unless it has a Capital letter “I” next to the DATE FILED (see example below).

This is a 'CERTIFICATION OF VITAL RECORD' from the STATE OF TEXAS, ELLIS COUNTY. It contains the following information: NAME: FARROW LAVELL LINDSEY JACKSON, DATE OF BIRTH: 08-25-1983, SEX: MALE, PLACE OF BIRTH: DALLAS COUNTY, TEXAS, FATHER: [blank], MOTHER: KENNE MARIE JACKSON, and DATE FILED: 10-11-1983. A red circle highlights the letter 'I' next to the date filed. A red arrow points to this 'I' with the text: 'Acceptable Short form Texas birth certificates must have a letter "I" next to "date filed."'. The certificate is signed by Cindy Hilkey, County Clerk, and dated 03-13-2006. It includes a seal for the State of Texas and a seal for Ellis County, Texas.

The example below is **NOT ACCEPTABLE** because there is **no letter “I” next to the date filed.**

This is a 'CERTIFICATION OF VITAL RECORD' from the CITY OF AUSTIN. It contains the following information: NAME: DEE HEAD, DATE OF BIRTH: 01-04-2004, SEX: FEMALE, PLACE OF BIRTH: TRAVIS COUNTY, TEXAS, FATHER: JAY HERNANDEZ, MOTHER: AMY VASQUEZ, and DATE FILED: 01-07-2004. The date filed is circled in red, but there is no letter 'I' next to it. The certificate is signed by [signature] and dated 04-15-2004. It includes a seal for the City of Austin and a seal for the State of Texas. A large 'VOID' watermark is visible across the center of the certificate.

A Long Form will need to be obtained at:

**Texas Department of State Health Services
1100 West 49th Street
Austin, Texas 78756-3199
(512) 776-7111
Monday – Friday: 8:00 am – 4:00 pm**

October 20, 2021-NH

Long Form Texas Birth Certificates 8-1/2 x 11 are Acceptable:

STATE OF TEXAS									
CERTIFICATE OF BIRTH					BIRTH NUMBER				
1. Name First DEE		Middle HEAD		Last DEE		2. Date of Birth 01-04-2004		3. Sex FEMALE	
4a. Place of Birth - County TRAVIS		4b. City or Town (If outside city limits, give precinct no.) AUSTIN				5. Time of Birth 12:01 AM		6a. Plurality - Single, Twin, Triplet, etc. SINGLE	
7a. Place of Birth <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital		7b. Name of Hospital or Birthing Center (If Not Institution, Give Street Address) SETON MEDICAL CNTR.				6b. If Plural Birth, Born 1st, 2nd, 3rd, etc.			
8a. Attendant's Name and Mailing Address DR. CRAIN 3000 MOPAC EXPHY AUSTIN, TX. 78665		8b. Certifier - I certify that this child was born alive at the place and time and on the date as stated. <i>Dr. Crain md</i> Signature and Title 4/1/04 Date Signed							
9b. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify):		9c. <input checked="" type="checkbox"/> Attendant <input type="checkbox"/> Facility Administrator / Designee <input type="checkbox"/> Other (Specify):							
10. Name First AMY		Middle VASQUEZ		Last VASQUEZ		11. Date of Birth 12-4-72		12. Birthplace (State or Foreign Country) OHIO	
13a. Residence - State TEXAS		13b. County TRAVIS		13c. City or Town AUSTIN		13d. Street Address or Rural Location 20 LOVE LN.			
13e. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. Mother's Mailing Address (If Same As Residence, Enter Zip Code Only) 78754							
15. Name First JAY		Middle HERNANDEZ		Last HERNANDEZ		16. Date of Birth 08-04-1965		17. Birthplace (State or Foreign Country) CALIFORNIA	
18a. Registrar's File Number		18b. Date Received by Local Registrar		18c. Signature of Local Registrar					

S260697

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Section 191.051, Health & Safety Code.

ISSUED **APR 16 2004**

Ragel Hernandez
Local Registrar

VOID

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

California Abstract Birth Certificates are **NEVER ACCEPTABLE!**

Customer needs to request a long form from Vital Statistics in the State of California.

STATE OF CALIFORNIA
SAN DIEGO COUNTY RECORDER
CERTIFIED ABSTRACT OF BIRTH

NAME: [REDACTED]
DATE OF BIRTH: [REDACTED] SEX: FEMALE
COUNTY OF BIRTH: SAN DIEGO
BIRTH NAME OF MOTHER: [REDACTED]
NAME OF FATHER: [REDACTED]
DATE FILED: JANUARY 7, 1981 DATE ISSUED: MARCH 19, 1998
LOCAL REGISTRATION NUMBER 031048

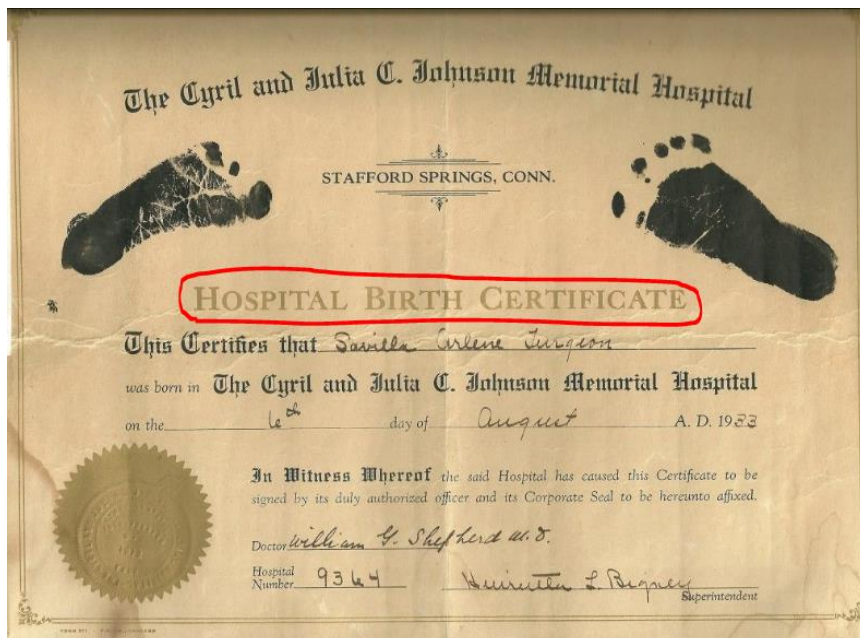
This is to certify that this document is a true abstract of the official record filed with the County Recorder.

GREGORY J. SMITH
RECORDER / COUNTY CLERK

REV. (1-95)
964623

Hospital Certificates are only Souvenirs,
they are **not official documents** and are
NOT ACCEPTABLE.

Certified Birth Certificate would need to be obtained from Vital Statistics in the State the applicant was born in.



Certificate of Naturalization:

THE UNITED STATES OF AMERICA	
	
No. S0000000	
CERTIFICATE OF NATURALIZATION	
<i>Personal description of holder as of date of naturalization:</i>	USCIS Registration No. A999999999999999
<i>Date of birth:</i> JANUARY 99, 0000	<i>I certify that the description given is true, and that the photograph affixed hereto is a likeness of me.</i>
<i>Sex:</i> MALE	New Citizen Signature Here <small>(Complete and true signature of holder)</small>
<i>Height:</i> 5 feet 9 inches	<i>Be it known that, pursuant to an application filed with the Secretary of Homeland Security</i>
<i>Marital status:</i> MARRIED	<i>at:</i> USCIS FIELD OFFICE CITY NAME, STATE NAME
<i>Country of former nationality:</i> FORMER NATIONALITY COUNTRY	<i>The Secretary having found that:</i>
	NEW CITIZEN NAME - EPSON B-510DN - NEW ASC PHOTO
	<i>residing at:</i>
	Mytown, State
	<i>having complied in all respects with all of the applicable provisions of the naturalization laws of the United States, being entitled to be admitted as a citizen of the United States, and having taken the oath of allegiance at a ceremony conducted by</i>
	U.S. CITIZENSHIP AND IMMIGRATION SERVICES
	<i>at:</i> CEREMONY CITY, STATE <i>on:</i> JULY 99, 0000
	<i>such person is admitted as a citizen of the United States of America.</i>
	** TEST CERTIFICATE **
	<i>U. S. Citizenship and Immigration Services</i>
DEPARTMENT OF HOMELAND SECURITY	

Fully-valid, undamaged U.S. Passport or passport card (may be expired)



Consular Report of Birth Abroad:

UNITED STATES OF AMERICA DEPARTMENT OF STATE

Consular Report of Birth Abroad
OF A CITIZEN OF THE UNITED STATES OF AMERICA

This is to certify that:

Sex: [redacted] born at [redacted] PHILIPPINES,
On [redacted] 2017

Acquired United States CITIZENSHIP at birth as established by documentary evidence
Presented to the Consular Service of the United States at
MANILA, PHILIPPINES
On [redacted] 2018
MOTHER/FATHER/PARENTS: [redacted]

Date of Birth: [redacted] Date of Birth: [redacted]

Assistant Secretary for Consular Affairs
Date of Issuance: [redacted] 2018

Microfilm Birth Certificates ok if it shows:

Embossed seal from the issuing office (State Registrar)

A Notary Seal is *not acceptable*

Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Registered No. 35386 1943

1. PLACE OF BIRTH
(a) County: _____
(b) Registration District No. _____
(c) City or town: Richmond
(d) Name of hospital or institution: Philip Hays
(e) Is place of birth within corporate limits? yes

2. USUAL RESIDENCE OF MOTHER
(a) State: _____
(b) County: Richmond
(c) City or town: Richmond
(d) Street no.: 15-23 Brook Rd
(e) Is place of residence within corporate limits? yes

3. Full name of child: Ashe, Arthur Robert Jr.

4. Sex: Boy
5. Twin or Triplet: _____
6. Months of pregnancy: _____

7. Is mother married to father of child? yes
8. Date of birth: July 10 1943
Month by name, Day, Year

FATHER OF CHILD
9. Full name: Archie Ashe
10. Color or race: Col
11. Age at time of birth: 26 yrs.
12. Birthplace: South Hill Va
City, town, or county State or foreign country
13. Usual occupation: Lab assistant
14. Industry or business: _____

MOTHER OF CHILD
15. Full maiden name: Mattie Cunningham
16. Color or race: Col
17. Age at time of birth: 21 yrs.
18. Birthplace: Richmond Va
City, town, or county State or foreign country
19. Usual occupation: yes
20. Industry or business: _____

21. Children born to this mother:
(a) How many other children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? _____

22. Mother's mailing address for registration notices: 15-23 Brook Rd

23. I hereby certify that I attended the birth of this child who was born alive at the hour of 12:55 p M. on the date above stated and that the information given was furnished by Mattie Ashe related to this child as Mother

24. Were syringes used? yes
25. Supplemental information added: from card

26. Date filed: AUG 3- 1943
Signature of John J. Bone
Witness to signature: Dr. P. Marshall
When signed by mark: _____

27. Date signed: 7-27-43

28. Embossed seal: Embossed seal from the State Registrar
Text: I hereby certify that this is a true and correct reproduction of the original certificate on file in the Bureau of Vital Statistics, Virginia Department of Health, Richmond, Virginia.

Example above clearly shows the embossed seal from the State Registrar.